

CLAIMS ONLY	Application Number 10/666 701	Filing Date
	Applicant(s)	

10/64670

Filing Date \_\_\_\_\_

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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47						
48						
49						
50						
Total Indep	5					
Total Depend	125					
Total Claims	17					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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99						
100						
Total Indep						
Total Depend						
Total Claims						